

Docket No. 2048/57906-A/JPW/AJDIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson and Paul J. Maddon

Serial No. : 09/464,902 Examiner: Emily Le

Filed : December 16, 1999 Group Art Unit: 1648

For : SYNERGISTIC INHIBITION OF HIV-1 FUSION AND ATTACHMENT,
COMPOSITIONS AND ANTIBODIES THERETO

Mail Stop AF

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 13, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	52 -	*44 =	***8 X	\$25	\$50	= 200	
Indepen-dent Claims	2 -	**3 =	***0 X	\$100	\$200	= 0	
Multiple Dependent Claim(s) Presented For First Time <u>X</u> Yes _____ No				\$180	\$360	= 180	
				TOTAL ADDITIONAL FEE		\$ 380.00	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 440.00.


☐ A check in the amount of \$ 440.00 is enclosed.

☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

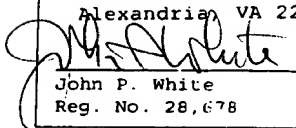
Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.


John P. White
Reg. No. 28,678

5/13/05
Date